

3077

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH				BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>512</u>	
County <u>Chino</u>		State <u>Arizona</u>		Local Registrar's No. _____	
District or Township _____		or Village _____		or _____	
City <u>Ajo</u>		No. _____ St. _____ Ward _____		(If death occurred in a hospital or institution, give its NAME instead of street and number).	
2. FULL NAME <u>Fay Myrtle Walker</u>					
(a) Residence, No. <u>Postal, New Mex.</u>		St. _____ Ward _____		(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred yrs. <u>6</u> mos. <u>16</u> ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. _____					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Married</u> (Write the word)			
5a. If married, widowed, or divorced HUSBAND of <u>R. H. Walker</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>Feb. 1, 1912</u>					
7. AGE	Years <u>20</u>	Months <u>3</u>	Days <u>21</u>	IF LESS than 1 day or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____					
9. BIRTHPLACE (city or town) <u>Wesman,</u> (State or country) <u>Arkansas</u>					
10. NAME OF FATHER <u>R. P. Cozart</u>					
11. BIRTHPLACE OF FATHER <u>Martin, Ark</u> (State or country) _____					
12. MAIDEN NAME OF MOTHER <u>Francis Ferguson</u>					
13. BIRTHPLACE OF MOTHER <u>Newburg, Ark</u> (State or country) _____					
14. Informant <u>R. P. Cozart</u> (Address) _____					
15. Filed <u>May 21, 1930</u> <u>John S. Nord</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>May 21, 1930</u> Mon. Day Year					
17. I HEREBY CERTIFY That I attended deceased from <u>May 7, 1930</u> to <u>May 21, 1930</u> , that I last saw her alive on <u>May 21, 1930</u> , and that death occurred, on the date stated above, at <u>14:15</u> m. The CAUSE OF DEATH* was as follows: <u>Gyphoid Fever</u>					
(duration) _____ yrs. _____ mos. <u>18</u> ds.					
CONTRIBUTORY (Secondary) <u>Marriage from</u> <u>Barrells</u> (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted If not at place of death? <u>No</u> Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Laboratory tests</u> (Signed) <u>J. S. Nord</u> M. D. 19 _____ (Address) <u>Ajo, Arizona</u>					
* State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Ajo</u> <u>Ariz</u>				DATE OF BURIAL <u>May 21, 1930</u>	
20. UNDERTAKER <u>H. J. Lyons</u>				ADDRESS <u>Ajo Ariz</u>	